

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Pima  
District of Pendab  
Town of Rice  
or  
City of Rice

2. Full name of child Oliver Dili  
3. Sex of Child Male  
To be answered ONLY in event of plural births.  
4. Twin, triplet or other. \_\_\_\_\_  
5. No., in order of birth. eyes  
6. Legitimate? \_\_\_\_\_  
7. Date of birth 4 10 25  
Month day year

8. FATHER  
Full name Mason Dili  
9. Residence (Usual place of abode) Rice Ariz  
If nonresident, give place and state  
10. Color or race 4/4 Indian  
11. Age at last birthday 20 (Years)  
12. Birthplace (city or place) Rice Ariz  
(State or country)  
13. Occupation Farmer  
Nature of industry

14. MOTHER  
Full maiden name Alice Thorn  
15. Residence (Usual place of abode) Rice Ariz  
If nonresident, give place and state  
16. Color or race 4/4 Indian  
17. Age at last birthday 18 (Years)  
18. Birthplace (city or place) Rice Ariz  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? No

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
I hereby certify that I attended the birth of this child, who was Born alive at 8 A on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Signature C. H. Sawyer MD  
(Physician or midwife)  
Address San Carlos Ariz  
Local Registrar.  
County Registrar.

649-410-135